



## **APPLICATION FOR A CERTIFIED COPY OF A BIRTH CERTIFICATE**

Office of the City Clerk/ One City Hall Plaza/ Manchester, NH 03101/ 603-624-6455

Name of Registrant: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (City/Town): \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(First) (Last)

Mother's Maiden Name: \_\_\_\_\_  
(First) (Last)

Purpose for which certificate is requested: \_\_\_\_\_

Your Signature: \_\_\_\_\_ Your relationship to registrant: \_\_\_\_\_

*Please Print All Information*

**NH State Law for the search of the file requires a fee of fifteen dollars for any one record. The State also requires a valid picture identification of the individual applying for the birth certificate before a record will be released. If we find that record and you meet New Hampshire's access requirements, you will be issued one certified copy of that certificate. THE FEE IS NON-REFUNDABLE IN THE EVENT THE RECORD IS NOT LOCATED.**

Number of Copies: \_\_\_\_\_ (\$15 first copy, \$10 each additional)

**The certificate(s) will be mailed to the following address: (please print)**

Name of applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Address of applicant: \_\_\_\_\_  
(Street) (City/Town) (State) (Zip Code)

Applicant Phone #: (\_\_\_\_\_) \_\_\_\_\_ - Email Address (optional) \_\_\_\_\_

### **NOTICE**

**Any person shall be guilty of a CLASS B felony if he/she willfully and knowingly makes any false statement in an application for a certified copy of a vital record. (RSA 126:24)**

**Please mail completed application to address above and include a stamped envelope for return service.**

**OFFICIAL USE ONLY:**

Number \_\_\_\_\_  
Requested \_\_\_\_\_  
Issued \_\_\_\_\_